**PATENT** 

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Snoeren et al.

Title: Model-based Grayscale Registration of

Medical Images

Application No.: Confirmation No.

10/623,191 2670

Examiner:

Unknown

Filed:

July 18, 2003

Art Unit:

2621

Atty. Dkt. No.:

R2TIP002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on January 28, 2004.

Signed: Jung-hua Kuo

# INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §§1.56 AND 1.97(c)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The reference(s) listed in the attached PTO Form 1449, copies of which are attached, may be material to examination of the above-identified patent application. Applicants submit the reference(s) in compliance with their duty of disclosure pursuant to 37 CFR §§1.56 and 1.97. The Examiner is requested to make these reference(s) of official record in this application. This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that this reference indeed constitutes prior art.

## **CERTIFICATION**

This Information Disclosure Statement is being filed within three (3) months of the filing date of the above-referenced application and/or is believed to be filed before the mailing date of a first Office Action on the merits. Accordingly, it is respectfully submitted that no fee is due in conjunction with the filing of this IDS. However, should the Commissioner determine that additional fees are required for filing the present Information Disclosure Statement, the Commissioner is hereby authorized to charge any such fees to our deposit account number 50-1217 (Order No. R2TIP002).

Respectfully submitted,

Jung-hua Kuo

Reg. No. 41,918

P.O. Box 3275

Los Altos, CA 94024

Telephone: Facsimile:

(650) 988-8070 (650) 988-8090



# Form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

Application No.:	10/623,191	
Filing Date	July 18, 2003	
Inventor(s)	Snoeren et al.	
Art Unit	2621	
Examiner Name	Unknown	
Atty Docket No.	R2TIP002	

# **U.S. Patent Documents**

Examiner Initials	Citation No.	Document No. Number-Kind Code	Publication Date MM-DD-YYYY	Patentee or Applicant	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures
	Α	5,598,185	01/28/1997		
	В	5,627,907	05/06/1997		
	С	5,644,649	07/01/1997		
	D	5,644,650	07/01/1997		
	E	5,729,620	03/17/1998		
	F	5,748,173	05/05/1998		
	G	5,768,333	06/16/1998		
	Н	5,815,591	09/29/1998		
	I	5,828,774	10/27/1998		
	J	5,854,851	12/19/1998		
	K	5,917,929	06/29/1999		
	L	5,970,164	10/19/1999		
	M	5,982,917	11/09/1999		
	N	5,987,345	11/16/1999		
	0	6,014,452	01/11/2000		
	P	6,035,056	03/07/2000		
	Q	6,075,879	06/13/2000		
	R	6,185,320	02/06/2001		
	S	6,198,838	03/06/2001		
	T	6,243,095	06/05/2001		
	U	6,263,092	07/17/2001		
	V	6,266,435	07/24/2001		
	W	6,301,378	10/09/2001		
	Х	6,404,908	06/11/2002	-	
	Y	US 2002/0097902	07/25/2002		

**Foreign Patent Documents** 

miner itials	Citation No.1	Foreign Patent Document Country code-Number-Kind Code	Publication Date MM-DD-YYYY	Patentee or Applicant	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures	Trans- lation <sup>2</sup>
	Z					

## Other Documents -- Non Patent Literature Documents

Examiner	Citation	Author (in CAPITAL LETTERS), Title (when appropriate), Title of Item (book, magazine, journal, serial, symposium, catalog, etc.), Date, Page(s), Volume-Issue Nos., Publisher, City and/or Country where published.	Trans-
Initials	No.1		lation <sup>2</sup>
	AA		

Examiner Signature	Date Considered

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicants' unique citation designation number (optional).

Applicant is to place a check mark here if English language Translation is attached.